

**State Program Standing Committee
for Adult Mental Health**

Monday, December 12, 2016

MINUTES

Location of Meeting: Beech Conference Room, NOB 2 North, Waterbury

MEMBERS Clare Munat, Malaika Puffer (by telephone), Marla Simpson, and Dan
PRESENT: Towle

DMH Karen Barber, Mourning Fox, Emma Harrigan, Melinda Murtaugh, Trish
STAFF: Singer, Brian Smith, and Dan Towle

OTHERS: Dillon Burns, Vermont Care Partners
George Grant (by telephone)

Facilitator: Dan Towle

Dan reviewed the agenda and, at the request of Melinda Murtaugh, added the 2017 calendar for Standing Committee meetings. Melinda distributed copies to those present. Malaika Puffer suggested adding a review of 2017 priorities to the agenda for January 9. Clare Munat made a motion to approve the minutes of the November 14 meeting as written, Marla Simpson seconded Clare's motion, and the members present voted unanimously to adopt the minutes as written.

Departmental Update: Mourning Fox

Request for Proposals (RFP) for a New Secure Recovery Residence (SRR). The RFP will be going out soon, Fox said. The Department of Mental Health (DMH) is awaiting feedback from the office of the Agency of Human Services (AHS). The RFP is purposefully extremely broad to allow for "any and every proposal that could come in." Potential capacity ranges between eight and thirty beds. The eventual residence could be completely voluntary or completely involuntary or anything in between. It could be a state-run facility or privately operated—or, again, something in between. There are still many unknowns, Fox summed up.

Post-Election Transitions. Governor-elect Phil Scott has chosen Al Gobeille to be the new AHS Secretary. Currently Gobeille is chairman of the Green Mountain Care Board. Scott's choices for other positions throughout AHS, largely Commissioners and Deputy Commissioners, are still unknown. Marla said that she would like to see more continuity in the departmental leadership. Emma Harrigan commented that a lot depends on the individual Secretary's approach to appointments. The Standing Committee discussed other

important aspects of leadership for Mental Health and talked about writing a letter to the Governor. All of these transitions are going to delay budget processes throughout state government, Fox observed.

21st Century Cures Act. Before federal lawmakers ended their recent lame-duck session of Congress, they enacted a nine hundred-page combination of several bills on health and mental-health care that have been floating around Capitol Hill since at least the summer of 2015. No one has really had time to make an adequate analysis of such a voluminous bill, Fox said, but the hope is that some of the provisions pertaining to mental health will result in increased access to services. How much funding to carry out new mandates is unknown at this time.

George Grant wanted to know if the planned SRR will be an expansion of the system's current capacity. Fox replied that Act 79 mandates up to sixteen beds. The current facility in Middlesex has only seven beds, so probably somewhat of an expansion is possible. Malaika voiced her objection to the idea of expanding a locked unit when peer-run crisis beds could also be an option, in her opinion. Karen Barber made the point that DMH is trying to carry out its statutory mandate and, at the same time, welcomes other opinions. Those other opinions could also be communicated to legislators, she added.

Additional Updates: Emma Harrigan

Veterans Administration (VA) Hospital in White River Junction. Recently DMH central office staff paid a visit to the VA Hospital to evaluate it for designation as a facility for involuntary inpatient treatment. The hospital was found to be in compliance with Vermont's designation requirements except for one detail, outside access for patients, and a plan of corrective action for that deficiency is in the works. The VA has ten psychiatric beds, possibly will use three or four of them as involuntary. DMH is still working through an analysis of veterans who are receiving services from the state's designated agencies.

Standing Committee Input for the Home- and Community-Based Waiver. Emma thanked the Standing Committee members who sent written comments after her presentations at the October and November meetings.

New DMH Web Site. IT staff and others in DMH have been working to update the departmental Web site, and it should be ready to go live soon, she said. The site will be friendlier to mobile devices, and Results-Based Accountability (RBA) data will be posted there too.

The IMD (Institutes for Mental Disease) Exclusion. The federal government requires an evaluation of how Medicaid funding contribute to better outcomes for the individuals covered, Emma said. The state has an independent contractor to perform this work along with the entire Global Commitment contract. The deadline for a draft is February 14, 2017. The evaluation period will run for five years.

The Kuligoski Decision: Karen Barber

Karen told the Standing Committee about a series of meetings involving numerous stakeholders to discuss the *Kuligoski* decision (which broadened the duty-to-warn standard). Legislative counsel drafted for Senators Jane Kitchel and Richard Sears proposed legislation that would return to the previous standard—articulated in a case called *Peck*—to return the duty to warn to an identifiable victim. Karen said that different groups of stakeholders are continuing to work with legislative counsel and various legislators on the proposed legislation and will continue to do so once the session starts.

Housing and Homelessness Issues: Brian Smith

Brian talked first about the new name of housing contingency funds; they are now CRT housing support funds. CRT clients can use them for different kinds of payments for housing costs such as rent, deposits, and the like. The funds have increased over the years from their original \$350,000 to \$900,000 this year—but rents go up every year, Brian added.

The Housing Subsidy and Care program is another pot of housing money managed by DMH. Community mental health centers can apply for it for clients, and so can the PATH provider network. (PATH is an acronym for the Substance Abuse and Mental Health Services Administration's—SAMHSA's—Program for Assistance in Transition from Homelessness.) These funds can help homeless individuals get out of the hospital and into subsidized housing in the community again. These funds now amount to just under \$900,000, down from the original \$1.4 million. Currently this type of funding is available only for adults in acute-care beds. These funds have helped around 185 people over the years, Brian said. The Vermont State Housing Authority is a partner in this program.

Clare asked what is available for people who are in the hospital and who do not have anywhere to go. Brian talked about other but more limited resources such as an effort in Chittenden County uniting the Champlain Housing Trust, Howard Center, and the UVM Medical Center in a new program. There is also One Care, funded by dollars from the Robert Wood Johnson Foundation. The new wave of the future, he said, is that housing and health care go together. Brian said that he thinks that anyone with only SSDI (Social Security Disability Income) should have rental assistance too.

Vermont Congressman Peter Welch has introduced a bill to raise funding for several outreach organizations, Brian continued. He mentioned several: Safe Harbor in Burlington, the Homelessness Prevention Center in Rutland, HOPE (Helping Overcome Poverty's Effects) in Middlebury, the Ground Works Collaborative in Brattleboro, the Good Samaritan Haven in Barre, and Northeast Kingdom Community Action in Newport and St. Johnsbury.

Finally, Brian mentioned that he and DMH's Medical Director, Jaskanwar Batra, went to the VA recently for a suicide-prevention presentation by a specialist from Columbia University. The occasion led to a discussion about the possibility of placing the suicide-

prevention questionnaire in the Housing Management Information System (HMIS) used for Designated Agency housing programs in Vermont, Brian said. The software provider has taken an interest and it might even go national, he added, making a screening tool available for all individuals served by the vendor.

Vermont Block Grant Planning Council Meeting: Dan Towle

The Planning Council met on November 17, Dan said. Karen Crowley, the new director of the Vermont Cooperative for Practice Improvement and Innovation (VCPI), was introduced. Deborah Rose, of SAMHSA, gave an overview of planning for technical assistance. An outside consultant has been hired. The Planning Council has subcommittees on (1) recruiting membership, (2) establishing a governance structure, and (3) advocacy. The time frame for this technical assistance is eight months, Dan added.

The Planning Council went over DMH's report for submission to the Center for Mental Health Services (CMHS) on December 1. A report from the site visit team that came to Vermont in June is still forthcoming.

Public Comment

George Grant expressed several concerns and asked questions about individuals who are kept in a psychiatric hospital because they are assessed as dangerous and unsafe "to be outside." Marla mentioned other people who might be helpful: Michael Sabourin, a patient advocate, and Wilda White, the Executive Director of Vermont Psychiatric Survivors, also A.J. Ruben of Disability Rights Vermont. She also mentioned "Mad in Vermont" on Facebook. Karen added that patients always have the option of asking for another court hearing if they disagree with a psychiatrist's assessment. Patients can always ask to represent themselves too, she said.

Membership Issues and Discussion

Marla said that she has asked Judy Rosenstreich to put another vacancy announcement in the Mental Health Advisory. Marla also said that she knows of another potential candidate who is not quite ready to come forward just yet. Dan is thinking of another potential candidate.

Items for January 2017 Agenda

- ✓ Review of agenda and time slots assigned, introductions, approval of notes for meeting of December 12, 2016, and appointment of a timekeeper
- ✓ Departmental update
- ✓ Review of Standing Committee responsibilities under *Administrative Rules*

- ✓ Review of provisions governing public meetings
- ✓ Advocacy priorities for 2017
- ✓ Public comment
- ✓ More time for processing housing information from Brian
- ✓ Membership issues and related items
- ✓ February agenda

Items for Future Agendas

- ✓ What is the system going to look like if shortages of psychiatrists continue? And other workforce issues
- ✓ Operating Guidelines (updated February 2016)
- ✓ Letter to Governor Scott
- ✓ Kristin Chandler and Cindy Taylor Patch: Law enforcement/mental-health providers collaboration

Marla made a motion for adjournment and Dan seconded it. The meeting adjourned at 2:45 p.m.